

FOR OFFICE USE ONLY
Invoice Fee: _____
Check No.: _____
Receipt No.: _____

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
1110 FORREST AVENUE
DOVER, DELAWARE 19904

Telephone No. (302) 739-4235

www.banking.delaware.gov

Fax No. (302) 739-2356

PRENEED FUNERAL CONTRACTS APPLICATION
(Chapter 34, Title 5, Delaware Code)

Website Address: _____

1. Name of applicant: _____
(Include all d/b/a's. Name must be the same as on the surety bond)

FIN or SSN: _____

2. Contact person and phone number for application:

Name/Title	Telephone Number/Extension	Fax No.	Email Address
------------	----------------------------	---------	---------------

3. Address of principal office where Delaware business will be conducted.

No. & Street	City	State	Zip Code	Telephone #
--------------	------	-------	----------	-------------

4. Additional locations:

No. & Street	City	State	Zip Code	Telephone #
--------------	------	-------	----------	-------------

No. & Street	City	State	Zip Code	Telephone #
--------------	------	-------	----------	-------------

5. Address where required records will be kept for examination purposes.

6. Applicant is formed as a:

____ Corporation ____ Partnership ____ Sole Proprietorship ____ LLC ____ LP ____ LLP
____ Other (provide type) _____

7. **CORPORATIONS ONLY** – Please provide the following information:

- a. Date of incorporation: _____
- b. Place of incorporation:
 City _____ County of _____ State _____
- c. If the applicant (not parent) is widely held publicly, items d. through g. do not need to be completed. Instead, please provide a copy of the Board Resolution authorizing this company's purpose.
- d. Attach a list of all the principals or senior officers' full names, titles, residence addresses, business addresses, dates of birth and occupations.
- e. Attach a list of all the directors of the Corporation including full names, titles, residence addresses, business addresses, dates of birth, occupations and date term expires.
- f. Personal resumes and personal financial statements for all principal officers and directors must be submitted **with** this application.
- g. Attach a list of all individuals and businesses with an ownership interest in the applicant, including full name, residential address, business address, number of shares held and percentage of ownership. If the applicant is a subsidiary of a parent company, provide the entire ownership chain up to the ultimate owner (individual or publicly traded company).
- h. A recent Balance Sheet and Income Statement (Profit/Loss) of the applicant (within the last six months).
- i. If the applicant's capital stock is owned in whole or in part by a parent company, a recent Balance Sheet and Income Statement (Profit/Loss) must be submitted for the parent (within the last six months).
- j. Are the stockholdings of any person listed in g. held in a name other than the stockholder's real name? _____. If yes, provide a schedule listing name, address, holding and beneficial owner of stock.
- k. Proof that the applicant has registered with the Delaware Division of Corporations, whether as a Delaware corporation or a foreign corporation.**

8. **LLC ONLY** – Please provide the following information:

- a. Date of formation: _____
- b. Place of formation:
 City _____ County of _____ State _____

- c. Attach a list of all senior management including full names, titles, residence addresses, business addresses, dates of birth and occupations.
- d. Personal resumes and personal financial statements for all senior management and all individual members must be submitted **with** this application.
- e. Attach a list of all members (individuals or businesses) having an ownership interest in the applicant including, as applicable, all the details requested in c., as well as percentage of ownership for each.
- f. A recent Balance Sheet and Income Statement (Profit/Loss) of the applicant (within the last six months).
- g. Submit a recent Balance Sheet and Income Statement (Profit/Loss) for businesses that are members of the applicant. Submit personal financial statements for individuals who are members of the applicant. (Financial statements must be within the last six months).
- h. Proof that the applicant has registered with the Delaware Division of Corporations, whether as a Delaware LLC or a foreign LLC.**

9. **PARTNERSHIP, LLP ONLY** – Please provide the following information:

- a. Date of formation: : _____
- b. Place of formation:
 City _____ County of _____ State _____
- c. Attach a list of all senior management including full names, titles, residence addresses, business addresses, dates of birth and occupations.
- d. Personal resumes and personal financial statements for all senior management and all individual partners must be submitted **with** this application.
- e. Attach a list of all partners (individuals or businesses) having an ownership interest in the applicant including, as applicable, all the details requested in c., as well as percentage of ownership for each.
- f. A recent Balance Sheet and Income Statement (Profit/Loss) of the applicant (within the last six months).
- g. Submit a recent Balance Sheet and Income Statement (Profit/Loss) for businesses that are partners of the applicant. Submit personal financial statements for individuals who are partners of the applicant (Financial statements must be within the last six months).
- h. Proof that the applicant has registered with the Delaware Division of Corporations, whether as a Delaware LLP/LP or a foreign LLP/LP.**

10. **SOLE PROPRIETORSHIP ONLY** – Please provide the following information:

- a. Date of formation: _____
- b. Place of formation:
City _____ County of _____ State _____
- c. Attach a schedule listing the owner’s full name, residence address, business address, date of birth and occupation.
- d. Attach a list of principal members of management of the applicant other than the owner, including full names, titles and business addresses.
- e. Personal resumes for the owner and principal members of management of the applicant must be submitted **with** this application.
- f. Detailed business and recent personal financial statements (within the last six months) of the owner/applicant. Include a recent Balance Sheet and Income Statement (Profit/Loss).

11. **OTHER** – Please provide the following information:

- a. Type of formation: _____
- b. Date of formation: _____
- c. Place of formation:
City _____ County of _____ State _____
- d. Attach a list of all principals of the applicant including full names, residence addresses, businesses addresses, date of birth and percentage of ownership of the applicant (if any).
- e. Personal resumes and personal financial statements for all principals of the applicant must be submitted **with** this application.
- f. Detailed business and recent personal financial statements (within the last six months) of the owner/applicant. Include a recent Balance Sheet and Income Statement (Profit/Loss).

ALL APPLICANTS:

- 12. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever been arrested, indicted or convicted of a criminal offense? Yes _____ No _____
- 13. Have you or any owner, officer, director, partner, member, principal, employee or agent of your organization ever used any alias or been known by any other name? Yes _____ No _____
- 14. If the answer to 12 or 13 is “Yes”, attach a schedule giving details.
- 15. If the person who subscribes to this application cannot swear to the truth on behalf of any individual listed in 12 through 13, attach an affidavit by such individual.
- 16. Submit a detailed business plan describing the activities in which the applicant intends to engage in Delaware (i.e., type(s), terms, number of employees, marketing, etc.) If you intend to conduct business other than preneed funeral contracts at the same licensed location(s), please provide a detailed description of that business activity. (Attach separate document).
- 17. Provide the name(s) and address(s) of the financial institution(s) where the consumer’s funds will be held.

18. **Please read and sign the following:**

I have read Section 127, Title 5 of the Delaware Code, and understand that in addition to renewing this license annually, we will also be assessed an annual Supervisory Assessment Fee of not less than \$1,000.00 if our loan files are maintained outside of the State of Delaware, or \$500.00 if our loan files are maintained inside the State of Delaware.

 (Name) (Title)

 (Signature)

- 19. **BUSINESS REFERENCES:** We must receive a minimum of three (3) letters of reference from businesses currently doing business with the applicant company. These can be a CPA, a law firm/attorney, bank or other type of business. **(One letter must be from a bank). Each letter must refer to the applicant, not an individual within the company.**

PLEASE NOTE: It is the applicant’s responsibility to contact these references and have each send a letter of reference **directly to the Office of the State Bank Commissioner, 1110 Forrest Avenue, Dover, DE 19904, Attention: Licensing Department.**

Copies of the applicant’s letters/emails requesting these references must be submitted **with** this application. **No reference letters will be accepted or considered if they are not provided directly from the reference source.**

20. **SURETY BOND:**

- a. Applicant must provide an original surety bond in accordance with the requirements of Regulation No. 3402. The bond shall run to the State of Delaware for a period commensurate with the license or be continuous, and shall be conditioned that the licensee shall comply with Chapter 34, Title 5 of the Delaware Code. Please use the bond form available at:

<https://banking.delaware.gov/wp-content/uploads/sites/73/2017/02/pnfcbond.pdf>

- b. Provide the name, address and telephone number of your bond company that this office should use to file a claim against the bond, if necessary.

- c. In lieu of a surety bond, the applicant may provide an original Irrevocable Letter of Credit in accordance with Section 3411(b), Title 5 of the Delaware Code, and Regulation No. 3401.

21. **FEE:**

A licensing fee of \$25.00 must accompany the application. **Please make checks payable to *State of Delaware*.**

If you have any questions regarding this application, please contact our licensing department at (302) 739-4235.

NOTE: An Annual Statement containing information for each preneed funeral contracts shall be submitted to this office on July 31st of each year in accordance Regulation 3401, Section 6.0.

This application must be signed and sealed (if applicable) by a principal of the applicant (president, vice-president, majority-partner, majority member, owner, etc.), attested by another principal and notarized. In case of an applicant with a single principal, having that signature notarized will suffice.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant, in my role as principal of said applicant, and that the information contained herein is true and correct to the best of my knowledge and belief.

**SEE ATTACHED AUTHORIZATION AND RELEASE FORM AND
CERTIFICATION OF AGENT**

Name of Applicant: _____

(Signature)

(Print Name)

(Title)

(Date)

CORPORATE SEAL

If no seal, check here _____

I hereby certify as a principal of the applicant that the person whose signature appears above is authorized to sign for the applicant and submit this application for licensure.

(Signature)

(Print Name)

(Title)

(Date)

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

NOTARY SEAL

PRENEED FUNERAL CONTACT

Name of Applicant: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

Supervisory
Assessment:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

License Renewal:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Examination:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Complaints:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Public Contact:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Changes in the above contacts must be reported to our office immediately.